

APPLICATION FOR
LAND DISTURBING PERMIT

Application is made for a land disturbing permit in accord with the description and for the purposes hereinafter set forth and in accordance with the Fauquier County Erosion and Sediment Control Ordinance, adopted April 10, 1975, as amended, and Section 13-501 of the Fauquier County Zoning Ordinance.

Date_____

Property Owner:_____

Address:_____

Applicant:_____

[Note: If applicant is other than the property owner, applicant must submit proof of authority to act as agent for owner in this application.]

Address:_____

Phone #:_____
(Owner) (Applicant)

Property is located on Route_____ Pin #_____

Completion Date:_____

Applicant wishes to engage in the land disturbing activity described below. (Provide a brief description of the type of work (such as building a road) and the land area involved (square feet, acres, length or road, etc.).

As owner, I hereby agree to comply with the Erosion and Sediment Control Plan, approved by the County and with the Fauquier County Erosion and Sediment Control Ordinance. I further grant right-of-entry onto the property described above and in that attached plan, to the agents and employees of Fauquier County for purposes of inspection or monitoring of the installation or reinstallation, of erosion and sediment control measures. I further agree to comply with all applicable provisions of the Fauquier County Zoning Ordinance for purposes of satisfying Section 13-501 of the Fauquier County Zoning Ordinances.

I understand that the issuance of this Land Disturbing Permit under the provisions of Chapter 11 of the Code of Fauquier County in no way guarantees or vests me with any other type of administrative or legislative permit approval in regard to this property, which is the subject of the Land Disturbing Permit. I agree to comply with the inspection and monitoring report schedule that has been/or will be set for me during the Erosion and Sediment Control Plan review process.

Signature of Owner

Date

DESIGNATED RESPONSIBLE LAND DISTURBER

Name/Certificate Number (Please Print)

Address & Phone Number